that in India some 39.9 million people are afflicted with diabetes and that one in five Indian dies of the disease; and

(b) if so, the details of any specific awareness programme/strategy with action-plans drawn up to inform and sensitize the public to the dangers of the disease and other suitable steps initiated to help in controlling the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per World Health Organisation (WHO) estimates there were 31,705,000 people with diabetes in India in 2000. According to the revised estimates of WHO (2004), there are 32 million diabetics in India and the WHO (2002) has projected that India would have largest number of diabetics (80 million) in the world by 2030.

(b) The Government proposes to initiate and implement a National Programme for the prevention and control of diabetes, Cardio-vascular diseases (CVD) and Stroke to reduce the adverse health impact of diabetes, heart diseases and Stroke. Under this proposed National programme IEC will be one of the major components to sensitise the public about the dangerqus effect of these diseases and its prevention.

Maternal mortality

1256. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed a recent report of the UNICEF highlighting *inter-alia* that the maternal mortality ratio (MMR) in India is as high as 540 maternity deaths per 1,00,000 births, and that there has been no significant reduction in the MMR over the last six years;

(b) if so, the details of other major conclusions/observations contained in the UNICEF report and the action taken/proposed to be taken thereon;

(c) the details of maternal mortality ratio recorded in different States during the last five years; and

(d) the specific scheme(s) launched, if any, to help to achieve safe motherhood?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) As per the UNICEF report on maternal mortality in the year 2000, the MMR in India is 540 per 1,00,000 live births. This figure on estimated maternal mortality rate is based on the findings of National Family Health Survey-ll. However, based on the official estimates of Registrar General of India (RGI) for 1998 the maternal mortality rate was estimated as 407 per 100000 live births. As per the estimation from RGI for the year 2004 the Infant Mortality Rate (IMR) is 50 per 1,000 live births for India.

The UNICEF report observed that India accounts for more than 20% of global maternal and child deaths and also records 20% of the births world wide. Approximately 30 million women in India experience pregnancy annually and 27 million are live births.

State wise and year wise data on the number of maternal deaths is not available. However, Maternal Mortality Rates as estimated for major states by the Registrar General of India for the year 1997 and 1998 (Sample Registration System) are given in statement. *(See* below)

The Government has planned to reduce the maternal and infant mortality in the country. As per the National Population Policy-2000 and National Health Policy-2002, the goal for reduction in maternal mortality rate has been kept at less than 100 per 100,000 live births and infant mortality rate is to be brought down to 30 per 1,000 live births. Government of India is actively pursuing these goals under the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including Services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM, the services provided under the RCH Programme will be strengthened through:

- Implementation of the Janami Suraksha Yojana (JSY) under which cash incentives and services are provided to pregnant women belonging to families Below Poverty Line (BPL). In case of Institutional delivery, in the low performing States benefits under the scheme is available to Non-BPL Pregnant Women also. The age bar and number of birth criteria has also been removed in these States

- Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obsetetric and Child Health services.
- Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.
- Ensuring skilled attendance at every birth both in the community and the Institutions.
- The specific initiatives for reducing IMR are Integrated management of Neonatal and Childhood Illness (IMNCI), control of death due to acute respiratory infections (ARI), Control of diarrhea Diseases, provision of Essential New-Born Care, Prevention and Treatment of Micronutrient Deficiencies namely Vitamin A and Iron, exclusive breastfeeding and Immunization.

Statement

Maternal Mortality Rate

(Per 1,00,000 live births)

India and Bigger States

	1997	1998
India	408	407
Andhra Pradesh	154	159
Assam	401	409
Bihar	451	452
Gujarat	29	28

	1997	1998
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajasthan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266

Source: SRS

Registrar General's Office has discontinued the release of this data beyond 1998.

The estimates for the smaller states and UTs have not been presented by RGI due to small sample size.

Differing statistics of AIDS cases

1257. DR. NARAYAN SINGH MANAKLAO:
SHRI VEDPRAKASH P. GOYAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the exact number of HIV/AIDS cases in the country;

(b) whether a number of NGOs and international organization have differing statistics on reported HIV/AIDS cases *vis-a-vis* NACO;

(c) if so, the details thereof including the reasons therefor;

(d) whether Government feel that the present strategy for controlling the growth of HIV/AIDS needs some radical measures;

(e) if so, the details thereof; and

(f) if not, how Government are planning to check its menacing growth?